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AM-501-2-2

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Notification of City Vehicle Policy

I acknowledge that I have read (or have had read to me) and understand all provisions of the Motor Vehicle policies in Section 501 of the *Administrative Manual* regarding use of a City-owned vehicle.

I understand that I am responsible for complying with all provisions of the Motor Vehicle policies in Section 501 of the *Administrative Manual* regarding use of a City-owned vehicle.

I understand that if a City-owned vehicle is damaged as a result of my misuse, abuse, or failure to comply with all provisions of the Motor Vehicle policies of Section 501 of the *Administrative Manual* regarding use of a City-owned vehicle, I may be subject to disciplinary action which may include charges for the damage, repair, and/or replacement of the vehicle.

Employee's Name (PRINT FULL NAME)

Social Security Number

Department

Location

Driver's License:

Class

Number

Employee's Signature

Date

The following is for the Employee's Supervisor or Safety Official.

I certify that the above named employee has had the opportunity to have all provisions of the Motor Vehicle policies in Section 501 of the *Administrative Manual* regarding use of a City-owned vehicle explained to him/her and has reviewed this notification with me.

Signature of Supervisor or Safety Official

Date

Two copies of this form are initiated. The original copy is filed in the Driver's file at the Division of Occupational Safety. The second copy is given to the employee.